

Fee - \$100.00

BOARD OF HEALTH
FRAMINGHAM, MASSACHUSETTS
APPLICATION FOR LICENSE FOR MASSAGE ESTABLISHMENT

DATE _____

The applicant whose signature appears on this application applies for this license under the terms of Sections 51 through 53, of Chapter 140 of the General Laws of Massachusetts, and vouches for the truth and accuracy of all statements and answers herein contained, with the full knowledge that fraud or misrepresentation is grounds for refusal, or subsequent revocation of applicable license.

DATE: _____

Name of Applicant _____

Address _____ Tel. No. _____

Name of Business _____

Business Address _____ Tel. No. _____

Building Construction:

Number of floors _____

Number of rooms _____

Number of toilets _____

Number of sinks _____

Number of wash basins _____

Location _____

Location _____

Location _____

Description and Number of Baths (Include Location):

What arrangements are made for assuring the cleanliness of towels, robes, sheets, or other coverings used in the business?

List education, training, experience you have had to qualify yourself to practice massage.

(Documentation must be submitted)

If the establishment is to be conducted under a trade name, club, corporation, or other, state that designation.

List Any Present License Number(s) and Licensing Authority

Give three (3) names, occupations, and addresses of professional or business persons, who are residents of Massachusetts, of whom inquiry can be made for further information as to your character and fitness to be licensed to carry on the business for which you have made application.

List the names, addresses and telephone numbers of the personnel that will be working in this establishment.

I hereby agree to conform to all rules and regulations established by the Framingham Board of Health.

Signature of Applicant_____

Date_____